



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048600003

CITY OR TOWN HAMILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MYOPIA HUNT CLUB

DOING BUSINESS AS

ADDRESS 435 BAY ROAD

CITY/TOWN: HAMILTON

STATE: MA

ZIP CODE: 01982

MANAGER: Cugini, David J

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SALES AT TABLES IN DINING ROOM, AT BAR IN ROOM AT RIGHT OF FRONT DOOR, ON PORCH AND ON LAWN ADJACENT TO PORCH. CELLAR FOR STOCK. ADDING MAIN CLUBHOUSE AND DINING ROOM IN LOWER CLUBHOUSE. AREA CONTAINING THE 18 HOLES OF GOLFCOURSE TO BE SOLD AT STANDS AND FROM BEVERAGE CART.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048600004

CITY OR TOWN HAMILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEATHERVANE TAVERN INC.

DOING BUSINESS AS WEATHERVANE TAVERN

ADDRESS 85 RAILROAD AVE.

CITY/TOWN: HAMILTON

STATE: MA

ZIP CODE: 01982

MANAGER: THOBER, PAUL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, ENTRANCE AT 85 RAILROAD AVE, REAR ENTRANCE TO PARKING LOT,
FRONT ROOM AS RESTAURANT FOR DISPLAY AND SALES. REAR AS KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048600005

CITY OR TOWN HAMILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AM.LEGION AUGUSTUS PEABODY-GARDNER POST #194

DOING BUSINESS A

ADDRESS 37 SCHOOL ST.

CITY/TOWN: HAMILTON

STATE: MA

ZIP CODE: 01982

MANAGER: HEATH,
ANTHONY

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY STUCCO BLDG. SALES AT BAR AND TABLES IN THE BASEMENT AND ROOM
ON FIRST FLOOR. STORAGE IN BASEMENT

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048600007

CITY OR TOWN HAMILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAWRENCE R. CHASE CORP.

DOING BUSINESS AS HARRIGAN'S PACKAGE STORE

ADDRESS 505 BAY RD

CITY/TOWN: HAMILTON

STATE: MA

ZIP CODE: 01936

MANAGER: CHASE,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

LAWRENCE R. JR.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME BUILDING, MAIN FLOOR FOR RETAIL/SALES/ DISPLAY. BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048600008

CITY OR TOWN HAMILTON

APPLICATION FOR RENEWAL:

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LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARCOLE CORP

DOING BUSINESS AS COMMUNITY PACKAGE STORE

ADDRESS 45 BAY ROAD

CITY/TOWN: HAMILTON

STATE: MA

ZIP CODE: 01936

MANAGER: MARC-AURELE,
R. DREW

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOCATED ON THE FIRST FLOOR OF A TWO STORY BUILDING. DRY STORAGE SPACE ON
SECOND FLOOR AND A BASEMENT FOR LIQUOR STORAGE

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048600010

CITY OR TOWN HAMILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BEVERLY BEER, INC

DOING BUSINESS AS THE BLACK COW RESTAURANT

ADDRESS 016-32 BAY RD

CITY/TOWN: HAMILTON

STATE: MA

ZIP CODE: 01982

MANAGER: DURATTI,
MICHAEL T.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE MAIN ROOMS AND A KITCHEN ALL LOCATED ON THE FIRST AND SECOND FLOORS

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048600011

CITY OR TOWN HAMILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAROLINE W.R. GALLIVAN

DOING BUSINESS AS THE HUNGRY FOX

ADDRESS 248 BAY RD.

CITY/TOWN: HAMILTON

STATE: MA

ZIP CODE: 01936

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

AN EXISTING RETAIL GOURMET FOOD EMPORIUM. TWO ENTRANCES AND EXITS ON
BAY RD

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HAMILTON FAMILY MARKETS, INC.

DOING BUSINESS AS CROSBY'S MARKETPLACE

ADDRESS 15 WALNUT ST

CITY/TOWN: HAMILTON

STATE: MA

ZIP CODE: 01936

MANAGER: BEAN,STEPHEN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A PORTION OF THE HAMILTON SHOPPING CENTER CONSISTING OF APPROX. 13500 SQFT

I hereby certify and swear under penalties of perjury that:

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LICENSE NUMBER: 048600014

CITY OR TOWN HAMILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AKSHAR, INC

DOING BUSINESS AS HAMILTON CONVENIENCE STORE

ADDRESS 178 BAY RD

CITY/TOWN: HAMILTON

STATE: MA

ZIP CODE: 01982

MANAGER: PATEL, JITENDRA TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, ENTRANCE AND EXIT DOOR LOCATED IN THE FRONT. ADDITIONAL
EXIT DOOR LOCATED IN THE LEFT REAR

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048600015

CITY OR TOWN HAMILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: INDIGO RESTAURANT CORP

DOING BUSINESS AS

ADDRESS 15 WALNUT ROAD

CITY/TOWN: HAMILTON

STATE: MA

ZIP CODE: 01936

MANAGER: SHUTE,
BENJAMIN M

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

97 SEATS , 72 IN DINING ROOM, 25 SEAT BAR 18 FT COOKING LINE, 2 RESTROOMS, ONE ENTRANCE FROM MALL PARKING LOT, TWO EXITS LEADING TO REAR DRIVE WAY, ONE EXIT TO MALL PARKING LOT, PANIC DOORS AT DINING ROOM, 2 EXITS

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